U.S. AITEICA	09/76	300		P00/0537	8			01007US	
21. T	he following fees are	e submitted:.	·	<u> </u>			CALCULATION	S PTO USE ONLY	
BASIC NATIONAL FEE ( 37 CFR 1.492 (a) (1) - (5)):  Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2) paid to USPTO and International Search Report not prepared by the EPO or JPO \$970.00									
Internal     Internal									
☐ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO									
☐ International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims did not satisfy provisions of PCT Article 33(1)-(4)									
☐ International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4)									
ENTER APPROPRIATE BASIC FEE AMOUNT =							\$860.00		
Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)).							\$0.00		
CLAIMS NUMB		BER FILED	NUMBER EXTRA		RATE				
Total claims	1.	- 20 =	0	x \$18.00		\$0.00			
Independent claims - 3 = 0 x \$78.00  Wultiple Dependent Claims (check if applicable).							\$0.00 \$0.00		
TOTAL OF ABOVE CALCULATIONS =							\$860.00		
Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement misst also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable).							\$0.00	<del>- ,,</del>	
SUBTOTAL =						\$860.00			
Processing fee of \$130.00 for furnishing the English translation later than an enough the earliest claimed priority date (37 CFR 1.492 (f)).						\$0.00			
TOTAL NATIONAL FEE =							\$860.00		
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).							\$0.00		
	TOTAL FEES ENCLOSED =						\$860.00		
i.							Amount to be: refunded	\$	
							charged	\$	
<ul> <li>□ A check in the amount of to cover the above fees is enclosed.</li> <li>☑ Please charge my Deposit Account No. 50-0877 in the amount of \$860.00 to cover the above fees. A duplicate copy of this sheet is enclosed.</li> </ul>									
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0877. A duplicate copy of this sheet is enclosed.  NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.									
SEND ALL C	CORRESPONDENC	E TO:			11	1	, 1 _	•	
Kenneth J. Waite							Juto	<del></del>	
Roche Diagnostics Corporation									
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Indianapolis, IN 46250-0457					NAME				
Telephone No.: (317) 521-3104  Facsimile No.: (317) 521-2883									
						RATIC	TION NUMBER		
	16 Februar					ruary 2	2001		
					DATE				